N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUN 18 1937

Do not use this space.

File No. 19780

Registered No.

1. PLACE OF DEATH

County: Christian — Registration District No. 181

Township: Polk — Primary Registration District No. 5247

City: Billings (No. ..... St. ..... Ward)

2. FULL NAME: Gottlob Staiger

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. from Germany mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Wilhelmine Staiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 1880

7. AGE: Years 57 — Months 5 — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hausen Germany

FATHER

13. NAME: Fredrick Staiger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hausen Germany

MOTHER

15. MAIDEN NAME: Kllor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hausen Germany

17. INFORMANT (ADDRESS): Fred Staiger, Billings, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Evangelical Cemetery DATE: May 12, 1937

19. UNDERTAKER (ADDRESS): G. S. Wallace, Billings Mo

20. FILED: May 11, 1937 F. H. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 10, 1937

I last saw him alive on May 10, 1937. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute uremia.	not known
Chronic nephritis	

Other contributory causes of importance:
Hypertrophy of prostate

Name of operation: Prostatectomy, Date of: May
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. H. Brown, M. D.
(Address) Billings Mo